

(b) "Hospital laboratory" means a laboratory operated under the supervision of a hospital or its organized medical staff that serves hospital patients.

(c) "Physician's office laboratory" means a laboratory maintained by a physician for performing diagnostic tests for his or her own patients.

Note: A physician's office laboratory which accepts at least 100 specimens in any category during any calendar year on referral from other physicians is considered an independent laboratory.

(93) "Legally responsible" means liable for the support of a person as specified in s. 52.01, Stats.

(94) "Legend drug" means, for the purposes of MA, any drug requiring a prescription under 21 USC 353 (b).

(95) "Medical assistance" or "MA" means the assistance program operated by the department under ss. 49.43 to 49.497, Stats., any services or items under ss. 49.45 to 49.47 and 49.49 to 49.497, Stats., and this chapter and chs. HSS 102 to 108, or any payment or reimbursement made for these services or items.

(96) "Medical assistance group" or "MA group" means all persons listed on an application for MA who meet nonfinancial eligibility requirements, except that each AFDC recipient, SSI recipient, and each child with no legally responsible relative comprises a separate MA group.

(97) "Medically needy" means the group of recipients who meet the non-financial eligibility conditions for AFDC or SSI, but whose income exceeds the financial eligibility limits for those programs.

(98) "Medicare" means the health insurance program operated by the U.S. department of health and human services under 42 USC 1395 and 42 CFR subchapter B.

(99) "Modality" means a treatment involving physical therapy equipment that does not require the physical therapist's personal continuous attendance during the periods of use but that does require setting up, frequent observation, and evaluation of the treated body part by the physical therapist prior to and after treatment.

(100) "Net income" means the amount of the applicant's income that is left after deductions are made for allowable expenses and income disregards.

(101) "Net market value" means for the purposes of divestment the fair market value of the resource on the date it was disposed of less the reasonable costs of the transaction on the open market.

(102) "Non-billing performing provider number" means the provider number assigned to an individual who is under professional supervision in order to be an eligible provider. A non-billing provider is not directly reimbursed for services rendered to an MA recipient.

(103) "Non-covered service" means a service, item or supply for which MA reimbursement is not available, including a service for which prior authorization has been denied, a service listed as non-covered in ch. HSS 107, or a service considered by consultants to the department to be medically unnecessary, unreasonable or inappropriate.

(104) "Non-financial eligibility" means those eligibility conditions enumerated in s. HSS 103.03.

(105) "Non-institutional provider" means a provider, eligible for direct reimbursement, who is in single practice rather than group practice, or a provider who, although employed by a provider group, has private patients for whom the provider submits claims to MA.

(106) "Non-legally responsible relative case" or "NLRR case" means a case in which there is no legally responsible caretaker relative in the home for a dependent child defined under s. 49.19 (1) (a), Stats., but where the caretaker of the child is a qualified relative under s. 49.19 (1) (a), Stats.

(107) "Nonprofit agency" means an agency exempt from federal income taxation under s. 501 of the internal revenue code of 1954, as amended.

(108) "Nurse practitioner" means a registered nurse who meets the requirements of s. HSS 105.20.

(109) "Nursing home" has the meaning prescribed in s. 50.01 (3), Stats.

(110) "Nursing home payment formula" means the prospective payment system for nursing home care established annually by the department.

(111) "Occupational therapist" or "OTR" means a person who meets the requirements of s. HSS 105.28 (1), is the primary performing provider of occupational therapy services, is responsible for and signs all billings for occupational therapy services, and is not required to be supervised.

(112) "Occupational therapy procedure" means treatment, with or without equipment, which requires the continuous personal attendance of a registered occupational therapist or a certified occupational therapist assistant.

(113) "Outpatient facility" has the meaning prescribed for outpatient treatment facility in s. 632.89 (1) (a), Stats.

(114) "Outpatient physical therapy services" means physical therapy services furnished by a provider of these services, a rehabilitation agency or by others under an arrangement with and supervised by the provider or rehabilitation agency, to an individual on an outpatient basis, which may include services to correct a pathological condition of speech.

(114m) "Palliative care" means treatment provided to persons experiencing the last stages of terminal illness for the reduction and management of pain and other physical and psychosocial symptoms of terminal illness, rather than treatment aimed at investigation and intervention for the purpose of cure. "Palliative care" will normally include physician services, skilled nursing care, medical social services and counseling.

(115) "Person" means an individual, corporation, partnership, association, trustee, governmental unit or other entity.

transportation to a facility at which the recipient primarily receives medical services.

(167) "Spell of illness" means, in relationship to physical therapy, occupational therapy, and speech pathology services, a condition characterized by a demonstrated loss of functional ability to perform daily living skills, caused by a new disease, injury or medical condition or by an increase in the severity of a pre-existing medical condition. For a condition to be classified as a new spell of illness, the recipient must display the potential to reach the skill level that he or she had previously.

(168) "Spend-down period" means the period during which excess income may be expended or obligations to expend excess income may be incurred for the purpose of obtaining MA eligibility, as described under s. HSS 103.08 (2) (a).

(169) "SSI" means supplemental security income, the assistance program under Title XVI of the Social Security Act of 1935, as amended, and s. 49.177, Stats.

(170) "SSI-related person" means a person who meets the requirements of s. HSS 103.03 (1) (c).

(171) "Stepparent case" means an MA case consisting of a family in which a legal parent, a stepparent and a child under age 18 reside in the home.

(172) "Sterilization" means any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

(173) "Supervision," unless otherwise indicated in chs. HSS 101 to 108, means at least intermittent face-to-face contact between supervisor and assistant and a regular review of the assistant's work by the supervisor.

(174) "Tape billing service" means a provider or an entity under contract to a provider which provides magnetic tape billing for one or more providers.

(175) "Therapeutic/rehabilitative program" means a formal or structured medical or health care activity which is designed to contribute to the mental, physical or social development of its participants, and is certified or approved, or its sponsoring group is certified or approved, by a national standard-setting or certifying organization when such an organization exists.

(176) "Therapeutic visit" means a visit by a resident recipient to the home of relatives or friends for at least an overnight stay.

(177) "Three-generation case" means an MA case in which there are 3 generations living in the home and the second generation is a never-married minor parent.

(178) "Time out" means time away from positive reinforcement. It is a behavior modification technique in which, in response to undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

(179) "Treatment unit" means, for purposes of reimbursement for therapy services, the time spent in direct treatment services to the individual patient. Time spent in activities not associated with the treatment of the individual patient such as preparation of the patient for treatment, preparation of the treatment area and preparation of the patient for return from the treatment area, otherwise known as "preparation time", shall also be reimbursable for up to 15 minutes per patient per treatment day. Time spent in other activities which are not associated with the treatment of the individual patient, including end of the day clean-up of the treatment area, paperwork, consultations, transportation time and training, is not reimbursable.

(180) "Unearned income" means income which is not the direct result of labor or services performed by the individual as an employe or as a self-employed person.

(181) "Usual and customary charge" means the provider's charge for providing the same service to persons not entitled to MA benefits.

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